

## HISTORY FACILITY PROFILE

HERITAGE PARK CARE CTR PROVIDER #: 465003 FACILITY BEDS TYPE ACTION: RECERTIFICATION  
 2700 WEST 5600 SOUTH PHONE NUMBER: (801) 825-9731 TOTAL: 176  
 ROY UT 84067 PARTICIPATION DATE: 01/01/1978 CERTIFIED: 176 TYPE OWNERSHIP: FOR PROFIT - PARTNERSHIP  
 STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 07/11/2002		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 176	
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TOTAL:	107	ADMISSION SUSPENDED:	18	18/19	19 ICF/MR
MEDICARE:	14	SUSPENSION RESCINDED:	--	----	----
MEDICAID:	75			176	
OTHER:	18				

## CURRENT SURVEY REVISIT DATES - 09/17/2002

PRIOR 3 SURVEY 12/1998	S/S CODE	PRIOR 2 SURVEY 03/2000	S/S CODE	PRIOR 1 SURVEY 04/2001	S/S CODE	CURRENT SURVEY 07/11/2002	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
X	D								REQ F0241-DIGNITY
		X	E						REQ F0252-SAFE/CLEAN/COMFORTABLE/HOMELIKE ENVIRONMENT
X	D								REQ F0279-DEVELOP COMPREHENSIVE CARE PLANS
		X	D						REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
				X	E				REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES
						X C	D	09/09/2002	REQ F0494-NURSE AIDE TRAINING/COMPETENCY
						X C	D	09/09/2002	REQ F0514-CLINICAL RECORDS MEET PROFESSIONAL STANDARDS

## EDITION OF LSC APPLIED

PRIOR 3 SURVEY 09/1998	PRIOR 2 SURVEY 03/2000	PRIOR 1 SURVEY 04/2001	CURRENT SURVEY 07/11/2002	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
	X				K0018-CORRIDOR DOORS
	X				K0038-EXIT ACCESS
	X		X C	09/09/2002	K0051-FIRE ALARM SYSTEM
X					K0054-SMOKE DETECTOR MAINTENANCE
			X C	09/09/2002	K0059-WATER FLOW DEVICE
X					K0062-SPRINKLER SYSTEM MAINTENANCE
X	X	X	X P	09/09/2002	K0076-MEDICAL GAS SYSTEM
X	X	X	X C	09/09/2002	K0104-PENETRATIONS OF SMOKE BARRIERS
					K0130-OTHER

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
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CONDITION	0	0	0	0
REQUIREMENT	2	1	2	2
HEALTH TOTAL	2	1	2	2
LIFE SAFETY CODE	4	2	5	4
LIFE SAFETY CODE + HEALTH	6	3	7	6

## COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
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07/11/2002	UNSUBSTANTIATED
08/08/2002	SUBSTANTIATED
09/26/2002	UNSUBSTANTIATED
11/20/2002	UNSUBSTANTIATED

## FMS SURVEY INFORMATION

\* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT  
 COP = CONDITION REQ = REQUIREMENT